

General

Title

Hospice experience: percentage of caregivers who reported that they got emotional and religious support.

Source(s)

Centers for Medicare and Medicaid Services (CMS). CAHPS® Hospice Survey. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2017 Dec. 36 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of caregivers who reported that they got emotional and religious support.

The "Getting Emotional and Religious Support" composite measure is based on three questions on the CAHPS Hospice Survey that ask caregivers how much ("Too little," "Right amount," "Too much"):

While your family member was in hospice care, how much emotional support did you get from the hospice team?

In the weeks after your family member died, how much emotional support did you get from the hospice team?

Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?

Rationale

The CAHPS Hospice Survey is used to assess the experiences reported by the informal caregivers (i.e., family members or friends) of patients who died while under hospice care. Hospices served an estimated 1.6 to 1.7 million patients in the United States in 2014, the vast majority of which are paid for by Medicare (National Hospice and Palliative Care Organization [NHPCO], 2015). Hospice use has steadily increased since the Medicare benefit was first established in 1982.

The survey asks informal caregivers about communication with the hospice team, timeliness of care, respect, emotional and spiritual support, symptom management, and hospice care training, domains that are critical to high-quality hospice care and that have been identified to be important to hospice patients and their families.

The CAHPS Hospice Survey is part of a family of CAHPS surveys that focuses on patient or caregiver experiences with health care. The CAHPS Hospice Survey presents primary caregivers (as identified by hospices) with a set of standardized questions about the hospice care they and their family member or friend received. The survey and associated methodology is intended to create reliable and valid data about hospice experiences that can be published on the web to help families choose hospices for their family members or friends, and to create incentives for quality improvement among hospice providers.

Evidence for Rationale

Centers for Medicare and Medicaid Services (CMS). National Quality Measures Clearinghouse measure submission form: CAHPS® Hospice Survey. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2016 Jun 13. 8 p. [1 reference]

National Hospice and Palliative Care Organization (NHPCO). NHPCO's facts and figures: hospice care in America, 2015 edition. Alexandria (VA): National Hospice and Palliative Care Organization (NHPCO); Sep 2015. 17 p. [5 references]

Primary Health Components

Hospice care; patient experience; caregiver experience; emotional and religious support

Denominator Description

The number of respondents who answered the questions included in the "Getting Emotional and Religious Support" measure on the CAHPS Hospice Survey (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of respondents who answered "Right Amount" to the questions included in the "Getting Emotional and Religious Support" measure (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

A systematic review of the clinical research literature (e.g., Cochrane Review)

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

In September 2012, the Centers for Medicare & Medicaid Services (CMS) entered into a contract with the RAND Corporation to design and field-test a future Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to measure the experiences that patients and their caregivers have had with hospice care.

As part of the development process for the CAHPS Hospice Survey, they conducted formative research including an environmental scan, focus groups, and individual interviews with primary caregivers of deceased hospice patients. The goal of the formative research was to determine elements of hospice care that were important to both patients and caregivers. Based on all of these inputs, a set of questions was developed and tested in cognitive interviews. CMS tested these questions and refined the list of items, and then conducted a field test. The field test included three similar versions of the survey which were differentiated by hospice care setting: 1. home, 2. nursing home and 3. in-patient setting (acute care hospital or freestanding hospice inpatient unit).

After the field test, the questionnaires were re-evaluated statistically and with additional cognitive testing. The setting-specific questions were consolidated into a single questionnaire for all settings that includes some setting-specific items.

For additional information, refer to the [Hospice Experience of Care Survey Development and Field Test Report](#) [redacted]. In this report, the developer briefly summarizes the work that they conducted to develop and field-test the new survey, referred to as the Hospice Experience of Care Survey during the field test and being implemented nationally as the CAHPS Hospice Survey beginning in 2015. The developer provides an overview of the survey development process, describes the field test design and procedures, presents analytic methods and findings from the field test, and discusses the implications of those findings for the final survey instrument for national implementation.

CMS submitted measures derived from the CAHPS Hospice Survey to the National Quality Forum (NQF) in spring 2016. As part of the NQF submission, CMS tested the measures' reliability and validity using data from 2,512 hospices that submitted data for Quarter 2 2015 national implementation. In October 2016, NQF endorsed the CAHPS Hospice Survey measures.

Evidence for Extent of Measure Testing

Centers for Medicare and Medicaid Services (CMS). National Quality Measures Clearinghouse measure submission form: CAHPS® Hospice Survey. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2016 Jun 13. 8 p. [1 reference]

Price RA, Quigley DD, Bradley MA, Teno JM, Parast L, Elliott MN, Haas AC, Stucky BD, Mingura BE, Lorenz K. Hospice experience of care survey - development and field test. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2014. 53 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Assisted Living Facilities

Home Care

Hospices

Hospital Inpatient

Skilled Nursing Facilities/Nursing Homes

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

End of Life Care

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Quarterly

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The number of respondents who answered the questions included in the "Getting Emotional and Religious Support" measure on the CAHPS Hospice Survey

Note: The denominator is restricted to the primary caregivers of patients who died while under hospice care.

Exclusions

Cases are excluded from the survey target population if:

- The hospice patient is still alive

- The decedent's age at death was less than 18

- The decedent died within 48 hours of his/her last admission to hospice care

- The decedent had no caregiver of record

- The decedent had a caregiver of record, but the caregiver does not have a United States (U.S.) or

U.S. Territory home address

The decedent had no caregiver other than a non-familial legal guardian

The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted)

The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased

The caregiver reports on the survey that he or she "never" oversaw or took part in decedent's hospice care

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of respondents who answered "Right Amount" to the questions included in the "Getting Emotional and Religious Support" measure

Note:

CAHPS Hospice Survey measures are calculated using "top box" scoring. For the multi-question measures, the "top box" numerator is the number of respondents who selected the most positive response categories for the questions. If a survey respondent does not respond to a question for which he or she is eligible, a score is not calculated for that respondent for that question.

For questions using a "Too Little/Right Amount/Too Much" response scale, the most positive response category is "Right Amount." From the responses, a composite score is calculated in which a higher score indicates better quality.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

CAHPS® Hospice Survey

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Composite/Scale

Mean/Median

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The CAHPS Hospice Survey results are adjusted for the effects of both mode of survey administration and case mix.

Adjusting for Mode of Survey Administration

Hospices participating in national implementation of the CAHPS Hospice Survey may choose from one of three modes of survey administration: Mail Only, Telephone Only, or Mixed Mode (mail with telephone follow-up). CMS conducted a randomized mode experiment in 2015 to assess the effect of mode on response rates and response patterns, and to determine whether survey mode adjustments were needed to fairly compare CAHPS Hospice Survey results for hospices that used different modes of data collection. The experiment found significant effects of survey mode on responses to several outcomes; therefore, to ensure fair comparisons across hospices, CAHPS Hospice Survey scores must be adjusted for mode of survey administration, which can affect scores but is not related to quality of hospice care.

Adjusting for Case Mix

To ensure that comparisons between hospices reflect differences in performance rather than differences in patient and/or caregiver characteristics, the Centers for Medicare and Medicaid Services (CMS) adjust responses for "case mix" (i.e., variations of such characteristics across hospices). The case-mix adjustment model includes the following variables:

- Response percentile (calculated by ranking lag time—that is, days between death and survey response—among respondents for each hospice in each month, then dividing by total sample size)
- Decedent age
- Payer for hospice care
- Primary diagnosis
- Length of final episode of hospice care
- Respondent age
- Respondent education
- Relationship of decedent to caregiver
- Language

Refer to the [CAHPS Hospice Survey Web site](#) for more information regarding case-mix adjustment, including the case-mix adjustment factors for each CAHPS Hospice Survey measure for each quarter.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Getting emotional and religious support.

Measure Collection Name

CAHPS Hospice Survey

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Developer

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

RAND Corporation - Nonprofit Research Organization

Funding Source(s)

Centers for Medicare & Medicaid Services (CMS)

Composition of the Group that Developed the Measure

Centers for Medicare & Medicaid Services' (CMS) contractor for the effort was RAND Corporation with their subcontractors, Health Services Advisory Group and Brown University.

Financial Disclosures/Other Potential Conflicts of Interest

No conflicts of interest

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Oct 26

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2017 Dec

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure updates a previous version: Centers for Medicare and Medicaid Services (CMS). CAHPS® Hospice Survey. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2016 May. 36 p.

Measure Availability

Source available electronically from the [CAHPS Hospice Survey Web site](#) .

For more information, contact the CAHPS Hospice Survey Project Team at E-mail: hospicecahpsurvey@HCQIS.org; Phone: 1-844-472-4621; Web site: www.hospicecahpsurvey.org .

Companion Documents

The following are available:

Hospice compare: a quality tool provided by Medicare. [internet]. Washington (DC): U.S. Department of Health and Human Services; [accessed 2018 Mar 15]. Available from the [Medicare Web site](#) .

Centers for Medicare and Medicaid Services (CMS). Case-mix adjustments for Q2 2015 - Q1 2017: publicly reported CAHPS Hospice Survey results. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2017 Nov 21. 28 p. Available from the [CAHPS Hospice Survey Web site](#) .

Centers for Medicare and Medicaid Services (CMS). Calculating CAHPS® Hospice Survey top-box scores. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2017 Nov 21. 8 p. Available from the [CAHPS Hospice Survey Web site](#) .

Centers for Medicare and Medicaid Services (CMS). CAHPS® Hospice Survey quality assurance guidelines. Version 4.0. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2017 Sep. 656 p. Available from the [CAHPS Hospice Survey Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on August 9, 2016. The information was verified by

the measure developer on October 4, 2016.

This NQMC summary was updated by ECRI Institute on March 20, 2018. The information was verified by the measure developer on April 19, 2018.

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No copyright restrictions apply.

Production

Source(s)

Centers for Medicare and Medicaid Services (CMS). CAHPS® Hospice Survey. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2017 Dec. 36 p.

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